

OFFICIAL FILE
ILLINOIS COMMERCE COMMISSION

ILLINOIS
COMMERCE COMMISSION

FORMAL COMPLAINT

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

For Commission Use Only:

Case: 02-0393

ORIGINAL

Regarding a complaint by (Person making the complaint): VICTOR TRUESDELL

Against (Utility name): ILLINOIS POWER

As to (Reason for complaint) Denial of application for residential gas and electrical service because of Joan Truesdell's past due bill.

in Jacksonville Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is 332 East Independence, Jacksonville, IL 62650

The service address that I am complaining about is 332 East Independence, Jacksonville, IL 62650

My home telephone is [217] 248-5404

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at [217] 248-5404

(Full name of utility company) ILLINOIS POWER (DYNERGY) (respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

Service Regs., Part 280, Section 280.50

750 ILCS 65/15 (Family Expense Act)

CILCo v. ICC, 204 Ill.App. 3d 1 (3 Dist. 1990)

Peoples v. ICC, 222 Ill.App.3d 738 (1 Dist. 1991)

DiBello v. ICC, 241 Ill.App.3d 1088 (4 Dist. 1993)

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

See attached.

Please clearly state what you want the Commission to do in this case:

Require Illinois Power to approve Victor Truesdell's application for service without payment of or on Joan Truesdell's past due account. Prohibit Illinois Power from adding Joan Truesdell's past due amount to Victor's Truesdell's account.

Date: 5/29/02
(Month, day, year)

Complainant's Signature Victor Truesdell

If an attorney will represent you, please give the attorney's name, address, and telephone number. (217) 753-3300
Lauren Pashayan, Directing Attorney
Land of Lincoln Legal Assistance Foundation, Inc.
P. O. Box 2206
Springfield, IL 62705-2206

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

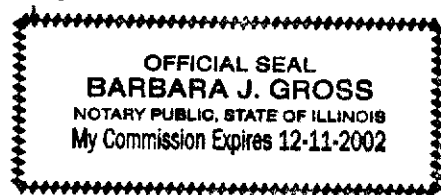
A notary public must witness the completion of this part of the form.

I, VICTOR TRUESDELL, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Victor Truesdell

Subscribed and sworn/affirmed to before me on (month, day, year) May 29 2002

Barbara J. Gross
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.